

State/Territory: DELAWARE

STANDARDS FOR THE COVERAGE OF ORGAN TRANSPLANT SERVICES

Transplant Criteria

Transplants are prior authorized using the following criteria:

Type of Procedure -

Heart	Bone Marrow
Heart/Lung	Pancreas
Liver(any age)	Kidney
Cornea	

Facility - The facility performing the transplant must have approval for performing the surgery through the Certification of Need (CON) process and must supply supporting documentation of this.

Patient - Documentation from an appropriate attending specialist and admitting facility that all of the following conditions are met:

1. Current medical therapy has failed and will not prevent progressive disability and death;
2. The patient does not have other major systemic disease that would compromise the transplant outcome;
3. There is every reasonable expectation, upon considering all the circumstances involving the patient, that there will be strict adherence by the patient to the long-term difficult medical regimen which is required;
4. The transplant is likely to prolong life for at least two years, and to restore a range of physical and social function suited to activities of daily living;
5. The patient is not both in an irreversible terminal state (moribund) and on a life support system;
6. The patient has a diagnosis appropriate for the transplant.
7. The patient does not have multiple uncorrectible severe major system congenital anomalies.